

Portsdown Estates Limited

Kinross

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced inspection of this home on 1 and 4 July 2016 and found multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After this inspection we served warning notices with respect to the breaches in Regulation 12 Safe Care and Treatment, Regulation 17 Good Governance and Regulation 18 Staffing on the registered provider of the service, requiring them to be compliant with the Regulations by 5 December 2016.

We undertook this unannounced comprehensive inspection on the 15 December 2016 to check the registered provider had met all the legal requirements. We found they had taken steps to address all of the breaches in Regulation which we had identified in our previous inspection, although further work was required to embed working practices in the home and sustain compliance with the Regulations. The service had demonstrated sufficient improvement to be taken out of special measures as it was no longer rated Inadequate overall or in any single domain.

Kinross is registered to provide accommodation for up to 29 older people. The home is a large property and accommodation is arranged over two floors, the ground floor offering dining and lounge areas and bedrooms. The upper floor had most of the accommodation. There was a lift and stairs available to access the upper floor. There were 22 people living in the home at the time of our inspection. The registered provider had decided not to accept any new admissions to the home following our report of July 2016.

A registered manager was in place. A registered manager is a person who has registered with the care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager and the manager of the service are directors of the provider company; they are referred to as the registered manager and manager throughout the report.

People felt safe in the home and told us staff knew them well and understood how to ensure their needs and preferences were met. Relatives felt their loved ones were well cared for and were safe in the home.

Risks associated with people's care needs had been assessed although further work was required to embed this information in people's plans of care. Whilst people had access to a system of call bells to alert staff if they required assistance this was not well understood in the home. We have made a recommendation about this.

Care plans reflected people's care needs, likes, dislikes and preferences. Information in care plans to support the safe administration of medicines had improved and medicines were stored and managed safely.

Staff at the home had been guided by the principles of the Mental Capacity Act 2005 (MCA) when working with people who lacked the capacity to make decisions. The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found the registered provider was meeting the requirements of these safeguards.

People were protected by staff who had a good understanding of the risk of abuse against vulnerable people. Staff felt confident to report any concerns they may have through the appropriate channels and had received appropriate training in this area. The registered provider had worked with the local authority to address concerns raised from our previous inspection and ensure the safety and welfare of people.

There were sufficient staff available to meet people's needs. Processes were in place to check the suitability of staff to work with people. Staff received training to ensure they had the skills to meet the needs of people.

Staff were caring and responsive to people's needs. They knew people well and understood how to meet people's individual needs and preferences.

Whilst there were activities available for people to enjoy and participate in these were not always well received by people who lived at the home. The manager was considering how to improve this.

Care records were stored safely and were clear and mostly accurate. Further work was to be completed on ensuring the contemporaneous recording of daily records.

There was a programme of audits in place to ensure the safety and welfare of people. The registered manager and manager had worked with a care consultant to improve their understanding of the requirements of the Regulations and their responsibility with this.

People, their relatives and staff felt able to express any concerns they may have and have these responded to promptly. People had access to health and social care professionals as they were required. Health and social care professionals felt people were well cared for by staff who knew them well and sought appropriate support to meet people's needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe although further work was required to embed some practices in the home.

Risks associated with the care people required had been assessed although did not always fully inform care plans. Whilst people had access to a system of call bells to alert staff if they required assistance this was not well understood in the home. We have made a recommendation about this.

There were effective systems in place for the safe management of all medicines.

Staff had a good understanding of systems in place to report concerns of abuse and had received training in the safeguarding of people.

There were sufficient numbers of care staff to meet the needs of people. Staff recruitment processes had been improved and were safe.

Requires Improvement 

Is the service effective?

The service was effective, although further work was required to embed some practices in the home.

Where people lacked capacity to make decisions about the care they received, the registered manager and care staff had applied the principles of the Mental Capacity Act 2005(MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff had received effective training and supervision to support their role and meet the needs of people. The manager had completed training to allow them to train staff in moving and handling practices. Further work was required to embed a programme of supervision and appraisal in the home.

Staff knew people well and could demonstrate how to meet people's individual needs.

People received nutritious food in line with their needs and preferences

Requires Improvement 

People had access to health and social care professionals to make sure they received effective care and treatment.

Is the service caring?

Good ●

The service was caring.

People and their relatives said staff were caring and supportive of people's needs. Health and social care professionals said staff were caring and supportive of people and knew them well.

Staff knew people well and respected their dignity. They cared for people in a kind and empathetic way, providing time and support in a relaxed and friendly manner.

People were able to express their views and be actively involved in their care planning.

Is the service responsive?

Requires Improvement ●

The service was responsive although further work was required to embed practices in the home.

A new format of care plans and records was in place. Further work was required to embed this new format in place to ensure care plans were fully reflective of people's needs and preferences.

Whilst there were activities available in the home for people to participate in and enjoy, people were not always responsive to these and the manager was reviewing this need.

People were able to raise any concerns they may have about the service.

Is the service well-led?

Requires Improvement ●

The service was well led, although further work was required to ensure improvements made were sustained in the service.

Systems and processes were in place to assess, monitor and improve the quality and safety of the services being provided.

Care records were clear and mostly accurate although further work was required to embed practices of contemporaneous notes in the service.

Kinross

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and Regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 15 December 2016 and was unannounced. Two inspectors and an expert by experience in the care of older people carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home, including previous inspection reports and action plans from the registered provider. We reviewed notifications of incidents the manager had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with five people who lived at the home and two visitors to the service, to gain their views of the home. We received feedback from two other relatives. We observed care and support being delivered by staff in communal areas of the home. We spoke with the registered manager and manager who were also the directors of the provider company. They are referred to as the registered manager and manager throughout the report. We spoke with five members of staff including senior carers, carers, the cook and an administrator. We spoke with an external health care professional and received feedback from three other external health and social care professionals who supported people who lived at the home.

We looked at the care plans and associated records for five people and sampled a further two. We looked at a range of records relating to the management of the service including; records of complaints, accidents and incidents, quality assurance documents, five recruitment files, staff supervision records and policies and procedures.

Is the service safe?

Our findings

People told us they felt safe in the home and that they were looked after by staff who knew them very well. One person told us, "I feel very safe here, I'm fairly independent. The staff are very helpful and kind." Another said, "I'm very happy here...I've never thought about whether I feel safe." One relative told us, "We [family] have always felt that my [relative] is safe and well cared for within the home". Another said, "I am very happy with the care my [relative] receives, and I always feel [they] are in safe hands." Health and social care professionals felt people were safe in the home and supported by staff who knew them well.

At our inspection in July 2016 we found risks associated with the care people received had not always been identified, assessed and managed to ensure their safety and welfare. People were not fully protected against the risks associated with the unsafe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a warning notice on the registered provider and registered manager requiring them to be compliant with this Regulation by 3 October 2016. At this inspection we found the registered persons had made improvements in this area and had met the requirements of the Regulation, however further work was required to embed this practice in the home.

Risks associated with people's care needs had been assessed and informed plans of care to ensure their safety. These included risk assessments for maintenance of skin integrity, nutrition, mobility and falls. For people who required the use of equipment to maintain their safety such as bed rails or a hoist, risk assessments and plans of care in place gave clear information on the safe use of this equipment. Staff's knowledge of people and the support they required to reduce the risks associated with their care was good. They were able to describe potential risks and what support they gave as a result. For example, one member of staff told us how one person had required additional monitoring of their skin integrity and food and fluid intake when they were unwell and had remained in bed for a period of time. This monitoring had been reduced when the person's health improved. For another person a member of staff told us how the hoist was used safely to transfer them at all times.

For people who were at risk of falls, risk assessments had been completed and used to inform care plans about their mobility and how to avoid the risks of falling around the home. Incidents of falls were logged and investigated for each person in their records and these logs were used to identify any patterns and trends in falls for the individual.

There was a call bell system available for use in the home to enable people to call for assistance when this was required. We saw staff responded promptly to these requests for support. Call bells were sited in people's rooms and in toilet areas of the home. Whilst call bells were accessible in toilet areas, we saw call bells in people's rooms were not always easily accessible. Two people we spoke with were unclear where their call bells were whilst they were in their rooms and they could not access them. A third person told us they had access to a call bell but had not needed to use it and so were unsure if they would be able to reach it.

We spoke with the manager about the availability of call bells in people's rooms to support people if they needed help urgently at any time. They told us most people were not in their rooms during the day and for those who returned to their rooms in the day most were fully mobile, independent and could push a call bell button on the wall if they required help. They demonstrated that these call bells worked and also the wall buttons could be linked to a pull cord for people to use in bed. Staff told us that when they supported people to their rooms, particularly for the night, they ensured they had access to a call bell if they were able to use this. However for one person who had been supported to mobilise to their room, we found they were unable to access the call bell as it was out of their reach and their walking aid had been moved away from them whilst they ate their meal. The manager told us they felt confident people had the facilities to call for help if they required this and they would review the availability of call bells with people.

For people who were unable to use a call bell whilst they were in their room, information in their care plans identified how staff should observe them at regular intervals to ensure their safety and welfare. We saw this happened although records did not always demonstrate accurate times when people were observed in their rooms.

We recommend the registered provider seeks further guidance and takes action to improve the information available to people on the availability and use of call bells in the home.

For people who lived with a health condition, care records held information on what these conditions were and how they may impact on the person. However, further work was required to embed this information in people's care plans. For example, for one person who lived with a blood clotting disorder this information did not fully inform care plans on falls or records in relation to skin integrity management. For another person who had lost a large amount of weight during a hospital visit due to a health condition, care plans did not clearly reflect the risks associated with this weight loss although actions were being taken to address the need for good nutrition for this person.

Medicines were mostly administered by the registered manager or manager although senior care staff had received training to administer medicines. People received their medicines in a safe and effective way. For medicines which were prescribed as required (PRN) we saw protocols were in place for these medicines and staff recorded the use and effectiveness of these medicines.

A system of audit was in place to monitor the safe and effective administration of medicines although we did identify some gaps in the recording of topical medicines such as creams to maintain people's skin integrity which had not been identified in this audit.

At our inspection in July 2016 we found people were not protected from abuse and improper treatment as there were no systems established to investigate accidents and incidents and protect people from further risk or harm. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the registered provider had made improvements in this area and had met the requirements of the Regulation, however further work was required to embed this practice in the home.

Systems had been put in place to ensure people were protected from harm. We saw there had been no reported falls in the home since September 2016. A system of analysis of patterns of falls which occurred within the home was being implemented at the time of our inspection. The manager and registered manager had worked closely with the local authority and a care consultant to ensure systems were in place to identify and monitor any potential safeguarding concerns in the home. Staff had received training on the safeguarding of people and had a good understanding of their responsibilities in the reporting of any

concerns. There had been no reports of any safeguarding concerns, accidents or injuries in the two months prior to our inspection. The registered manager awaited the outcome of one safeguarding concern which remained with the coroner for review. The manager told us how any future incidents would be reported and managed in line with their policies and procedures.

At our inspection in July 2016 we found there was a lack of sufficient staff in the home to meet the needs of people and ensure their safety and welfare. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a warning notice on the registered provider and registered manager requiring them to be compliant with this Regulation by 5 December 2016. At this inspection we found the registered persons had made improvements in this area and had met the requirements of the Regulation.

There were sufficient staff in the home to meet the needs of people. Staff rotas showed there were consistent numbers of staff available each day to meet the needs of people. The registered provider had a dependency tool in place to support the review of people's needs within the home and ensure there were adequate staff available to meet these needs. This had last been reviewed on 23 November 2016. The manager and administrator told us this would be reviewed following any changes in people's condition or following any new person being admitted to the home. There had been no new admissions to the home since our inspection in July 2016.

We saw during each day shift the registered manager or manager were available to provide management support, ensure the smooth running of the home and to support people. Senior carers provided additional support for care staff and ensured people received care from staff with appropriate skills and experience. Staffing levels had improved and had been consistent at the home since our last inspection.

People and their relatives told us there were sufficient staff to meet their needs and staff responded to their needs in a prompt and unhurried manner. Staff appeared calm and efficient as they went about their work and they told us they felt there were sufficient numbers of staff to meet the needs of people.

At our inspection in July 2016 we found people were not always cared for by staff who had been appropriately recruited and checked for their suitability to work with people. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the registered provider had made improvements in this area and had met the requirements of the Regulation.

There were safe and efficient methods of recruitment of staff in place. Recruitment records included proof of identity, an application form and employment history for people. Two references were sought before people commenced work at the home. Criminal Record Bureau (CRB) checks and Disclosure and Barring Service (DBS) checks were in place for all staff. These help employers make safer recruitment decisions to minimise the risk of unsuitable people working with people who use care and support services. Staff did not start work until all recruitment checks had been completed.

Is the service effective?

Our findings

People who were able to express their wishes felt they were involved in their care and were offered choices and support to maintain their independence. One person said they felt staff were, "extremely competent," and, "they are fully aware of my needs and support me in the best way." Relatives told us they were involved in the care their loved ones received and worked with staff to ensure they received care in line with their needs and preferences. Health and social care professionals felt staff requested their support appropriately and followed guidance provided for them to ensure the safety and welfare of people.

At our inspection in July 2016 we found people did not always receive care to which they had consented and which was not always in line with their wishes. Staff lacked understanding in the application of the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the registered provider had made improvements in this area and had met the requirements of the Regulation.

Where people had the mental capacity to consent to their treatment, staff sought their consent before care or treatment was offered and encouraged people to remain independent. Care records gave clear information on the care people had consented to including the routines they liked to follow and their likes and preferences in food and activities.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

For people who lacked the mental capacity to make decisions care records held information to show when people may require support to make a decision and who should be involved in best interests' decision making for people. For relatives and representatives who had the legal authority to make decisions for their loved ones, documentation clearly reflected this. This meant where people lacked the mental capacity to make decisions the home was guided by the principles of the MCA.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards. For several people who lived at the home an application had been made to the local authority with regard to them leaving the home unescorted. We found that the manager understood when an application should be made and how to submit one. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

At our inspection in July 2016 we found staff had not received appropriate support, training, professional development, supervision and appraisal to ensure they were suitably qualified, competent, skilled and experienced to fulfil their roles. This was a breach of Regulation 18 of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014. We served a warning notice on the registered provider and registered manager requiring them to be compliant with this Regulation by 5 December 2016. At this inspection we found the registered persons had made improvements in this area and had met the requirements of the Regulation although further work was required to embed this practice in the home.

A programme of supervisions was in place to provide staff with opportunities to discuss their working role, development opportunities and any concerns they may have. The manager told us work was needed to develop appraisals for staff and a care consultant appointed to the home after our last inspection was supporting the manager with this.

There was a clear staffing structure in place to provide all staff with the support and guidance they may need in the work place. The registered manager and manager were present in the service on most days to provide management support and care. A care consultant had been employed by the registered provider to develop systems of support in the home for staff including training, supervision and skill development. The manager told us how they worked with the care consultant to support all staff in developing their skills and roles in the home. Senior carers were encouraged to develop their roles and interviews would take place within the next few weeks for the new role of deputy manager in the home. At least one senior carer was available for every day shift and they supported care staff in the daily management of people's care. They took on the role of key worker for an allocated number people, which meant they took a key role in coordinating and promoting continuity of care for the person.

Staff said new programmes of training and supervision were supportive of their roles in the home. They felt there were opportunities to develop their roles and increase their skills and knowledge. This ensured people received care and support from staff with the appropriate training and skills to meet their needs. Training records showed staff had access to a wide range of training which included: moving and handling, fire training, safeguarding, mental capacity and deprivation of liberty, infection control and health and safety. The manager had completed a train the trainer course in moving and handling to allow them to support all staff with this training.

All staff had been encouraged to develop their skills through the use of external qualifications such as National Vocational Qualifications (NVQ). These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. The manager told us the care consultant had also provided resources and support for people to access the Care Certificate. This certificate is an identified set of standards that care staff adheres to in their daily working life and gives people confidence that staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

People had a choice of food available at mealtimes although they were not always clear what this was. Meals were planned four weeks ahead and a menu plan was available to view. Daily choices were displayed on a noticeboard in the dining area of the home and staff spoke with people each day to select their menu choices for the following day. People told us the choice of food available had improved since our last inspection although they were not able to have fresh fruit as a snack choice throughout the day. The cook told us improvements in the selection of food available for people had been made. Care plans identified specific dietary needs such as a soft diet and kitchen staff had information about the type of diet people required, any allergies they may have and their likes, dislikes and preferences. All food was freshly prepared and staff described how they supported people with nutrition and hydration needs including monitoring their food and fluid intake if there was a concern and monitoring their weight.

The home had an allocated dining area where most people dined. Staff were attentive to people's needs and supported people when it was required without hurrying them or reducing their independence. For one person who required close observations during meal times as they tired easily, staff were always close by to support them if they required this whilst continuing to allow them to remain independent with their meal.

People had access to external health and social care professionals and services as they were required. For example, records showed people had access to the GP, chiropody services, dentistry and community nursing and therapy services. Health and social care professionals told us staff always received them in a welcoming way, knew people well and they had no concerns.

Is the service caring?

Our findings

People and their relatives said staff were caring and had a good understanding of their needs. One person told us, "The staff know I like being left alone and they respect that." Another told us how staff supported them to remain independent whilst ensuring they had assistance when they needed it. A relative told us they found staff to be respectful of their loved one and they felt able to speak with staff or the manager if they had any concerns. People were valued and respected as individuals and appeared to be happy and contented in the home. Health and social care professionals said staff were caring and supportive of people.

At our inspection in July 2016 we were not assured people were always treated with the dignity and respect they deserved and this was a breach of Regulation 10 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the registered provider had made improvements in this area and had met the requirements of the Regulation.

The atmosphere in the home was warm, calm and friendly. Staff interacted with people and each other in a calm and professional manner and took their time to ensure they had responded to people in a way which was appropriate to their needs. For example, one person became very distressed and claimed they had not had a cup of tea for a long time. Staff took time to sit with the person, identify the cause of their distress and take actions to address this. Once the person had calmed down staff left and then returned shortly afterwards to ensure the person remained comfortable and their needs had been met. For another person who required encouragement to ensure they were adequately hydrated we saw staff were patient and encouraging in the way they spoke with the person to remind them of the need to have a drink.

Throughout the day staff spent time with people chatting and interacting with them whilst supporting them with their needs. They supported people to interact with each other. Three communal spaces were available in the home and, during good weather outside areas could be easily accessed, to allow people the opportunity to spend time in different environments around the home. People were able to mobilise around the home freely. Some people chose to remain in their own rooms although they were encouraged to participate in activities as they wished.

Mealtimes provided a social time where people were encouraged to interact and enjoy each other's company. Staff were available in the dining area to offer a choice of drinks and provide support as it was needed. People were unhurried and were encouraged to maintain their independence with minimal support.

People's privacy and dignity was maintained and staff had a good understanding of the need to ensure people were treated with respect at all times. For example, one person exited a toilet area in a state of undress and staff quickly supported them with their attire to ensure their dignity was maintained. Doors remained closed when people were being supported with personal care or other activities and staff knocked and waited for a response before entering people's rooms. Staff had a good understanding of how to ensure people's dignity was maintained. For example, two members of staff supported one person to transfer from a wheelchair to a lounge chair in a communal area using a hoist. Staff ensured screens were in place to

provide privacy for the person and spoke calmly and with encouragement to the person throughout the interaction. People were able to decorate their room as they chose and could access these at any time.

People and their relatives were encouraged to attend 'Resident meetings' which gave them the opportunity to be involved in the development and management of the home and express their ideas, wishes and concerns. Relatives told us the manager had provided information and feedback following the Commission's last inspection of the service. The minutes of a meeting held on 9 November 2016 showed people were encouraged to discuss improvements being made in the service, forthcoming activities and events and new staff were introduced.

People and their relatives told us they were always able to speak with the manager, registered manager or any member of staff about the care they received at the home.

Is the service responsive?

Our findings

People and their relatives were encouraged to express their views and be involved in making decisions about their care. Staff knew people very well and understood how to support them to be as active and independent as possible whilst maintaining their safety and wellbeing. Health and social care professionals said staff knew people well and understood their needs.

At our inspection in July 2016 we found people were not always supported with dignity and respect to promote their autonomy and independence. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the registered provider had made improvements in this area and had met the requirements of the Regulation.

Since our inspection in July 2016 the registered provider had reviewed and rewritten people's plans of care. A new general format for care plans was in place and these had been personalised to provide staff clear information on people's care needs and preferences. Staff had a good awareness of people's needs and preferences.

The manager told us whilst care plans reflected people's needs and preferences work was required to embed the practice of ensuring care plans always reflected the changing needs of people. For example, for several people care plans in place in relation to continence needs reflected they should have a specified amount of fluid to promote good continence. However these people were not having the amount of fluid they had monitored. The manager told us this was not necessary as this fluid amount was a general guideline provided from continence service advisors and not individual to the person. Care plans had not been changed to reflect this and the manager told us this would be addressed.

For people who lived with health conditions which may affect the care they required this information was available in their care records however it did not always inform all of their care plans. For example, one person lived with a blood clotting disorder and this information was identified in their previous medical history along with possible concerns this may cause for the person. Staff were aware of this concern for this person, however this information did not inform care plans as to how this may impact the person in the event of a fall or injury.

Whilst there was a system in place to monitor, review and update plans of care for people this had been newly implemented and the manager told us further work was required to embed fully informed personalised care plans in the service and this was on-going. People and their relatives had been involved in the implementation of care plans and the manager told us this work would be continued.

A new system of keyworkers had been introduced in the home to provide a senior member of care staff for each person who lived at the home to work closely with to ensure their needs and preferences were being met. This work required embedding in the home. One person told us they were aware they had been appointed a keyworker and, "it hasn't started yet but I think it's a good idea."

The registered provider did not employ an activities coordinator. The manager told us they had

endeavoured to involve people in planning a wide range of activities; however the uptake for these had not been good. Results of a feedback questionnaire dated December 2016 and minutes of a 'Resident's Meeting' dated November 2016 showed how people discussed activities they may like to participate in, although some people expressed the wish to have no specific activities in the home. Care records showed most people watched television and listened to the radio throughout the day although some people we spoke with were content with this or chose to remain in their room with other personalised activities. Staff supported people in communal areas to enjoy a small range of activities in the home including games and singing along to the radio. External entertainers were planned to visit the home to provide musical events and two people told us how much they looked forward to seeing a dog who visited weekly. Information was displayed for people to show when social activities such as celebration of birthdays and special events and visiting musicians were held. We saw plans were in place for Christmas events such as carol singing and a visiting duo of musicians. The manager told us they were continually seeking different activities to be supported in the home and would discuss this further with people and their relatives.

The registered provider's complaints policy was displayed in the home. The registered provider told us they had received no complaints into the service since our last inspection. Records showed any previous concerns or complaints had been addressed in full.

People and their relatives were encouraged to provide feedback to the registered provider through the use of satisfaction questionnaires. These were available in the entrance to the home and the registered provider had collated responses to these on 14 December 2016. An action plan had been completed from these responses although we noted the responses were very positive about the support and care offered to people. The registered provider had also noted that there were some areas of questionnaires which a small number of people had not completed and so they were planning to review these forms to ensure people felt able to express their views.

We saw staff were very welcoming to visitors and encouraged them in a warm and friendly way to share their views on the service. Relatives felt able to express any concerns they may have and were confident the registered manager, manager and their staff would address these promptly and efficiently. Health and social care professionals told us they felt the registered manager would respond promptly and efficiently to any concerns they may have, and had a very good understanding and awareness of people's medical and physical needs.

Is the service well-led?

Our findings

People and their relatives said they felt able to talk to staff and managers if they had any concerns and that these would be dealt with promptly. Staff told us they felt they received the support they needed from managers to do their job effectively. Health and social care professionals told us the registered manager and manager were approachable and worked with them to ensure the safety and welfare of people.

At our inspection in July 2016 we found systems and processes in place had not enabled the service to assess, monitor and improve the quality and safety of care being provided or mitigate risks associated with the care people received. There was a lack of contemporaneous records in respect of each service user and each member of staff employed at the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a warning notice on the registered provider and registered manager requiring them to be compliant with this Regulation by 5 December 2016. At this inspection we found the registered persons had made improvements in this area and had met the requirements of the Regulation, however further work was required to embed this practice in the home.

Following our inspection in July 2016, the registered provider had employed a care consultant to provide support and guidance in the home and ensure they were fully compliant with the Regulations. This support had been effective in implementing systems of review and audit in the home to ensure the safety and welfare of people, however these practices needed further embedding in the home. The care consultant was not available on the day of our inspection. The registered manager and manager were able to tell us what systems were in place and how, through the guidance from the care consultant, they were developing further improvements in the management of the home.

For example, training for all staff including the manager had been reviewed. Additional training events had been put in place to ensure all staff had completed mandatory training and were encouraged to access the Care Certificate to ensure staff met identified standards of care. The manager had taken steps to ensure they were competent to provide training in house for their staff in moving and handling people. Staff supervision and recruitment records were clearly recorded and a clear staff structure was in place to ensure all staff understood their roles and responsibilities. This included a clear understanding of the roles and responsibilities of the registered manager and manager.

Monthly audits of care plans and records had been completed although further work was required to ensure these reflected any updates and changes required to records. Key workers could then be involved with this work.

Systems were in place to monitor incidents and accidents in the home although this work required further embedding in the service. The manager told us there had been no falls or serious incidents in the past two months but that systems were in place to ensure they could identify any patterns or concerns in the future.

Care records were held securely and information was generally accurate, clearly presented and contemporaneous. However, we found further work was required to ensure some daily records were

completed contemporaneously. For example, for one person who remained in bed on the day of our inspection, we saw they were checked very regularly by staff who provided support as this was needed. However at 10:50 am we saw their records held no information about when they had been supported or checked during the morning. A member of staff amended this as soon as we identified the concern and acknowledged this should have been completed each time they visited the person in their room. Night care records showed people were checked regularly two or three hourly in accordance with their care plans. However the times recorded for each interaction with people were identical for several people who could not all have been checked at the same time. Records did not always reflect the time people were actually supported.

For one person we saw a fluid chart was in place to ensure they received adequate fluid intake. At 10:50am we saw this had been completed up until 07:30hrs on the morning of our inspection however no further entries had been made. We asked the member of staff supporting this person on the day of our inspection how they maintained contemporaneous records for this person. They showed us a notebook they used to record all actions and then complete daily records at the end of the day.

We discussed the contemporaneous recording of records with the manager and a senior carer who acknowledged this was a practice which needed to improve. They provided assurances people were checked at agreed times within a few minutes of the record however they needed to ensure staff completed the records accurately.

Systems were in place to ensure people, their relatives and staff were able to provide feedback about the quality of the service which was provided in the home. People felt able to feedback any concerns they had and felt these would be managed swiftly and effectively. Minutes from staff meetings and meetings with people and their relatives showed actions were taken to address concerns raised in the home. For example, one person requested amendments to their room décor and these were actioned. Staff requested further guidance and support in the management of staff absence and the manager involved staff in how this was reviewed.

A programme of audits had been completed to ensure the safety and welfare of people in the home. These included a clinical audit of medicines, risk assessments, and mental capacity documentation as well as audits of the environment, equipment and devices, safeguarding concerns, complaints, policies, procedures and record keeping. The registered manager acknowledged many of these actions were in place at our previous inspection however they felt they now had clarity around the expectations of their role and were committed to ensure the standards in the home, "Remain high".